

INGUINAL ANEURISM.

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*Inguinal Aneurism cured by tying the External Iliac
Artery in the Pelvis.* ✓

BY JOHN SYNG DORSEY, M. D.

On the 15th of August 1811, I was consulted by Alexander Patton, on account of a tumor in his right groin. The patient was a native of Aberdeenshire in Scotland, aged about thirty years, the last ten of which he had passed in America. He followed the trade of a cooper; was accustomed to hard labour, and to athletic exercises, jumping, running and the like. He was six feet in height, of a robust but not a corpulent habit.

Two years ago he perceived, for the first time, a small tumor in the right groin. Having never had the venereal, nor indeed any other disease, and not having met with any accident, he was at a loss to account for this appearance. From its commencement it throbbed with considerable violence. For a year and four months it increased very slowly; during the last eight months much more rapidly. In January it was no bigger than a walnut; in August its shortest diameter was four inches, its longest, nearly five. It occasionally gave him severe pain, and at length incapacitated him from all labour. In June last he applied to Dr. Irwin of Easton, the place of his residence, who instantly apprised him of the nature and importance of the complaint, and advised him to come to Philadelphia. He arrived here the 14th of August, and was admitted next day into the Pennsylvania hospital.

On examination, an aneurism was found, situated immediately below Poupart's ligament, forming a regular tumor in the groin, nearly hemispherical, with a kind of apex, where the skin appeared extremely thin, and discolored as if by ecchymosis. The patient had used a good deal of exercise previously to his admission into the hospital, and had taken a drink of rum, in consequence of which his arterial system was greatly excited, and the tumor pulsated so violently that the bed clothes were bounced up with great force. He was confined to bed; was purged, and kept to a low diet. A consultation was called;

With Dr. Dorsey's best respects

and the surgeons of the house concurred in recommending the operation of tying the artery as high as practicable above the tumor. It was determined to perform the operation promptly; as the disease was progressing, and no benefit was to be expected from delay.

On Monday, 19th of August, at noon, in presence of Dr. Physick and Dr. Hartshorn, surgeons to the hospital, and a number of medical gentlemen, I proceeded to the operation. The patient, having previously taken fifty drops of laudanum, was placed on the table. An incision, three inches and a half long, was made, beginning an inch and a half higher than the superior anterior spinous process of the ilium, and one inch distant from that process internally; being also four inches and a half distant from the umbilicus, extending obliquely downward, and terminating about one inch above the basis of the tumor. This incision, which was nearly in the direction of the fibres of the tendon of the external oblique muscle, divided the skin and adipose membrane, and exposed that tendon, which was next cut through, the whole length of the external incision. The internal oblique muscle now protruded at the wound and was carefully cut through; the inferior edge of the transversalis abdominis was next divided, but not so far upward as the top of the external wound. My finger was then introduced, and the cellular texture readily yielded it a passage to the external iliac artery, the trunk of which I distinctly felt pulsating very strongly. With my finger I separated it gently from the neighbouring parts; but took care to denude only a very small portion of the vessel. The peritoneum I was equally careful to detach as little as possible; and not more than a square inch of it was disturbed. The only remaining difficulty in the operation was to pass the ligature round the vessel; and this having been anticipated, was readily surmounted. Before commencing the operation, I had secured an aneurismal needle (a blunt bodkin of silver properly bent) in a pair of curved forceps, by tying the handles of the forceps firmly together. The needle was armed with strong bobbin; and thus connected with the forceps, resembled a tenaculum, which could easily be managed outside of the wound. With one finger in the wound I found it very

easy to direct the extremity of the needle, and with the forceps in my other hand, to push it through the fascia surrounding the vessel. The string connecting the handles of the forceps was now cut, and the needle was left under the vessel. The forceps being removed, the needle was drawn out, leaving the ligature round the artery. Convinced, by careful examination, that nothing but the artery was included in the ligature, and that it was, to the best of my judgment, natural in size and texture, I tied it very firmly, as high up as possible. The pulsation of the tumor instantly ceased. Three knots were made, and the ends of the ligature were left out at the external wound. No bloodvessel of magnitude was divided, and not half an ounce of blood was lost. No stitches were employed to close the wound; a strip of adhesive plaster effectually answered this purpose. A pledget of lint was applied, and the patient was put to bed, his thigh being moderately flexed upon the pelvis. He complained of extreme pain during the latter part of the operation, the whole of which occupied eleven minutes.

The patient's pulse, for several days before the operation, was 80: after the operation it was 88, and rose in the afternoon to 100. At four o'clock he was bled ten ounces. At seven he complained of extreme pain in the back and belly, and also of some pain in the limb. He was not permitted to take any sustenance except toast and water. The superficial veins of the leg and foot were filled; and the whole of the limb was covered all the evening with perspiration. Its temperature was examined repeatedly by a thermometer, and was five degrees colder than the other. It was covered with flannel and carded wool.

Tuesday 20th. Passed a restless night, in great pain. To use his own language, in expressing his sensations, "he felt as if his loins were tearing apart." He was also troubled with pain of the bowels. Three grains of calomel and ten of rhubarb were given, but without procuring a stool. In the afternoon he was bled ten ounces, and a purgative injection was ordered; after which his bowels were freely opened, and his pain subsided. An enema, consisting of a hundred drops of laudanum and two ounces of water, was administered, and he soon after

fell asleep. The weather, on the day of the operation and several days after, was very hot. The mercury of the thermometer in the patient's room stood at 86° Fahrenheit. Placed between the toes of the aneurismal limb, it rose to 88° ; between those of the sound limb 90° ; at both knees it stood at 92° . His pulse was 100 and tense.

Wednesday 21st, *third day* after the operation. The sleep procured by the anodyne injection continued all night. In the fore part of the day he was easy; but in the evening his pain returned with considerable fever. He was bled ten ounces and took ten grains of magnesia and as much rhubarb: this with the assistance of a clyster, brought away a large quantity of fæces and flatus, and procured relief of all his pain. The anodyne injection was again administered, and he soon after slept. His pulse 100 and somewhat tense.

Thursday, *fourth day*. He slept all night, and was much better; being quite free from pain and fever. His pulse 90. He ate some boiled rice with great relish. The wound was examined, and it was found that nearly all of it had united: a little healthy pus surrounded the ligature. The limb was four degrees colder than the sound one.

From this time no change of importance occurred until Sunday, 1st Sept. when the ligature came away; viz. on the fourteenth day after the operation. In a few days more the wound cicatrized, without the occurrence of a single unpleasant symptom. On the twentieth day after the operation, his nurse being absent, he arose from bed and walked across the room, and has taken exercise every day since without inconvenience. The tumor in the groin diminishes slowly, and at this time is much reduced in size.

REMARKS. The operation of tying up the external iliac artery above Poupart's ligament was first performed by Mr. Abernethy, under circumstances in which immediate death was the only alternative. He repeated it afterwards in cases of aneurism seated so high in the femoral artery as to preclude all prospect of a cure by any other means. He performed the operation four times. In the first two instances his patients died; in the succeeding cases they recovered.* Mr. Freer, in


* Abernethy's Surgical Observations.

the Birmingham hospital, performed the operation in a case of inguinal aneurism with complete success; and soon after another case was treated successfully by Mr. Tomlinson, in the same hospital.* These six cases are all I have seen related, in which the operation has been tried. The case I have now detailed is the seventh; and it has failed in only two of these. In every instance the limb has been supplied with blood, which does not uniformly happen after the operation for popliteal aneurism.

I wish, before closing this paper, to call the attention of those surgeons, who may have occasion to perform the operation, to the forceps, of which an engraving is annexed. This instrument was contrived several years ago by Dr. Physick for the purpose of passing a needle under the pudic artery, when wounded in lithotomy, and has since been used by him for securing bleeding arteries in deep narrow wounds. Mr. Abernethy complains of "the great difficulty of turning a common needle in a deep narrow wound;" and Mr. Freer was unable to pass his aneurismal needle round the iliac artery, until he punctured the fascia surrounding it with his knife, which he confesses was the most "difficult and dangerous part of the operation." These dangers and difficulties are entirely obviated by means of the curved forceps; and I think the operation greatly simplified by the use of this contrivance.

Should this paper meet the eyes of Mr. Abernethy, I hope he will be gratified with the additional testimony of the importance of an operation for which the world is indebted to the intrepid efforts of true genius; and he will no doubt learn with pleasure, that one individual on this side the Atlantic owes to it, his life.

Arch Street, 30th September, 1811.

 *The sketch which accompanies this communication was intended to point out the part where the operation was performed, and the instrument used to convey the ligature round the artery. It needs no particular explanation.*

* Freer on Aneurism.